STATE OF C	ATE OF CALIFORNIA								
TRAVEL	EXPENSE	CLAIM							

TRAVEL	EXPEN	SE CLAIM	See Instructions and *Privacy												
_ELECTRON	IC-STD, 262.	(REV_04/95)		Sta	tement_Or	Reverse S	Side				Page	of_	Pages		
CLAIMANT'S NAME						SSAN OR EMPLOYEE NUMBER*					DEPARTMENT				
Matthew R. Bettenhausen												ornia En	nergency M		ement A
POSITION				CB/ID NUMBER		DIVISION OR BUREAU					INDEX NUMBER				
Secretar				E99		Executive							TELEPHONE NUMBER		
RESIDENCE						HEADQUARTERS ADDRESS 3650 Schriever Ave.							16-324-8908		
city Sacrame	TATAL STATE OF THE		STATE CA				CITY Mather				STATE ZIP CODE CA 95655				
(1) MONTH/YEAR (3) LUCATION			(5)	MEALS		(6)	(7)	TRANS	TRANSPORTATIO			(8)	T	(9)	
		LOCATION WHERE EXPENSES				O.T., L/T, N/C, RELO.	υτ.	(A)	(B)		(D) PRIVATE CAR USE			1	OTAL
(2)	l	WERE INCURRED	LODGING	BREAK- FAST	LUNCH	N/C, RELO. OR DINNER	INCIDEN- TALS	COST OF TRANS.	USED	CAREFARE TOLLS. PARKING	MILES AMOUNT		BUSINESS EXPENSE	FOR DAY	
DATE	TIME					DINNER			1		MILES	AMOUNT		-	JN DAT
29-Jun	17:00	Sacramento to Monterey					-							-	
30-Jun		Monterey													
		Monterey to													22.00
1-Jul	17:00	Sacramento	-	\$ 6.00	\$ 10.00	-	\$ 6.00		-		+			\$	22.00
			+	+	 		-				1			1	
				-			-		-		-			+	
				1									10	T	
													0 0	-	
	1) MMR -3		
			-	-									77 7		
													الم الم الم الم		
			-	-	-										
													은 경	7 7 6 14 7 7	
													ب ا	·	
			-	-							+		<u></u>	in F	
	1												32	ħ	
				1										P	
													1		
(40)											-		-	-	
(10)														\$	22.00
	SUBTOTA			\$ 6.00	\$ 10.00		\$ 6.00	100 Feb. 9	Electrical II	2109 E.s			Electron en en electron de	3	22.00
COLUMN CO	DE (ACCTG.	USE ONLY)											1 Para linear manager	-	
(CLAIM TOT	AL												\$ \	22.00
		ARKS AND DETAILS (Attached									1	AL WORK HOU			
Amendment	to June 200	9 TEC as July reimbur	sement reque	sts needs to	be on ser	parate TEC	due to fisal y	ear separat	tion.			9:00 - 6:	CENSE NUMBER		
											Transfer of the Control of the Contr	48.5¢/M			
											AGENCY ACCOUNTING OFFICE				n, Djeg
	~~~										AGLIV		ONLY		
											PAID BY	REVOLVING FL	UND CHECK NUMBER	2	
15) I HEREBY CER	RTIFY That the ab	ove is a true statement of the trave	l expenses incurred i	by me in accordan	nce with DPA rul	es in the service of	of the State of Cali	fornia.							
a privately owned	vehicle was used	, and if milage rates exceed the mi irements as prescriped by SAM Se	inimun rate, i certify:	the cost of operati	ing the vehicle v	vas equal to or gr	eater than the rate				5		1		
CLAIMANTS	1	mements as prescriped by SAM Se	30, 0/31, 0/2	DATE 0753.	[	SIGNATUS		APPROVING	TRAVEL A	NOPAYME	NT /		De / 00 /	4 -	17
+ TATO	ellink	BALLY.		- more section	Y	Hia	sus 9	N	1°	ale	L		700	10	10
17) SIGNATURE	AND TITLE O	F AUTHORITY FOR SPECIAL	EXPENSES (See	item 17 on rev	erse)	/							DATE		
- <b>&gt;</b>		//	18.5		115	35									
<b>→</b>		$\overline{H}$												wa.u.u.u	